

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
1010887

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.			14			
TOTAL CLAIMS			15			

CLAIMS							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
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TOTAL CLAIMS							

BEST AVAILABLE COPY